

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

401532043

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7		1				
8		1				
9		2				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
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50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	15	←		←		←
TOTAL CLAIMS	17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]